FOREIGN ALLOWANCES APPLICATION, GRANT AND REPORT				NUMBER 1170-DOS-AN		
. EMPLOYEE NAME (Last, First, Middle Initial)			2. SOC	2. SOCIAL SECURITY NUMBER		
I, AGENCY				4. AUTHORIZATION/GRANT NUMBER		
i, PAY PLAN/SERIES/GRADE/ANNU	IAL SALARY		6. POS	ITION TITLE		
CURRENT POST/COUNTRY OF A	SSIGNMENT/LOCALIT	Y CODE 8. DATE	OF ARRIVA	AL 9. PREVIOUS	POST OF ASSIGNMENT	
IO. MAILING ADDRESS						
II. IF LOCAL HIRE: DATE OF ARRIV	AL AT POST/REASON	FOR PRESENCE				
2. IF SPOUSE IS EMPLOYED BY TH	HE US GOVERNMENT	: NAME/SOCIAL SECUI	RITY NUMB	er/allowances red	CEIVED	
3. FAMILY DOMICILED AT	POST					
NAME OF RELATIVE	RELATIONSHIP	DOB EXCEPT SPOUSE (MM/DD/YY)	% SUPPORT	DATE OF ARRIVAL AT POST	RESIDENCE ADDRESS	
~						
14. FAMILY DOMICILED AW	AY FROM POST					
NAME OF RELATIVE	RELATIONSHIP	DOB EXCEPT SPOUSE (MM/DD/YY)	% SUPPOR	DATE OF T , DEPARTURI FROM POST	RESIDENCE ADDRESS	
			(
) "	
REMARKS						
				ζ	,	
Section 073.4 The information	is used to determi agency and GAO.	ne employee eligibil The Offioe of Allov	ity far and vances, U.	d annronriate amour	397 and E.O. 10903, Section I(b-2) and DSSR nts of allowances. All forms are subject to fiscal ate, will review forms to set LQA rates. Lack of	

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